

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009						Docket Number (Optional) 146392004900
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)						
Application Number 10/764,428			Filed January 23, 2004			
For METHODS FOR PRODUCING HUMANIZED ANTIBODIES AND IMPROVING YIELD OF ANTIBODIES OR ANTIGEN BINDING FRAGMENTS IN CELL CULTURE						
Art Unit 1644			Examiner Phuong N. Huynh, Ph.D.			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
			<u>Fee</u>	<u>Small Entity Fee</u>		
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130	\$65	\$	130.00	
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$		
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$		
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$		
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$		
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.					
<input type="checkbox"/>	A check in the amount of the fee is enclosed.					
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.					
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.					
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u> 03-1952 </u> .					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the	<input type="checkbox"/> applicant/inventor.					
	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u> 38,440 </u>					
	<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u> </u>					
<u>/Gregory P. Einhorn/ Signature</u>			<u>February 13, 2009 Date</u>			
<u>Gregory P. Einhorn Typed or printed name</u>			<u>(858) 720-5133 Telephone Number</u>			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
<input checked="" type="checkbox"/>	Total of	<u> 1 </u>	forms are submitted.			